02/19/2010 14:25

Image# 10990323459

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2010 0 1 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 02 19 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

2/36

Write or Type Committee Name
American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

| M | M | D | D | To: | M | M | D | D | To: | To: | M | M | D | D | To: |

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand  January 1 2010 Y Y Y		263211.18
(b) Cash on Hand at Begining of Reporting Period	263211.18	
(c) Total Receipts (from Line 19)	45144.20	45144.20
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	308355.38	308355.38
. Total Disbursements (from Line 31)	25345.58	25345.58
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	283009.80	283009.80
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

3/36 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

D D 1 <sup>D</sup> 3 1 м м 0 1 2 0 1 0 м м 0 1 Report Covering the Period: From:



Υ	Υ	Υ	Υ
	2	0 1	0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	37901.67	37901.67
	(ii) Unitemized	6664.41	6664.41
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	44566.08	44566.08
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44566.08	44566.08
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	578.12	578.12
16.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	45144.20	45144.20
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	45144.20	45144.20

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/36

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	345.58	345.58
	Expenditures(c) Total Operating Expenditures	040.00	343.36
	(add 21(a)(i), (a)(ii) and (b))	345.58	345.58
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	25000.00	25000.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25345.58	25345.58
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	25345.58	25345.58

## **DETAILED SUMMARY PAGE**

of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
otal Contributions (other than loans) om Line 11(d), page 3)	44566.08	44566.08
 otal Contribution Refunds rom Line 28(d))	0.00	0.00
et Contributions (other than loans) subtract Line 34 from Line 33)	44566.08	44566.08
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	345.58	345.58
offsets to Operating Expenditures rom Line 15, page 3)	578.12	578.12
et Operating Expenditures subtract Line 37 from Line 36)	-232.54	-232.54

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Phys	the name and address of any political committee	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen Carl Albrecht, MD  Mailing Address 5909 Swayne Dr Ne		Date of Receipt
City Olympia	State Zip Code WA 98516-9547	Transaction ID: C842463  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	730.00
Name of Employer Capital Physicians LLC Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	730.00	
Full Name (Last, First, Middle Initial) Tanya Elizabeth Anim Mailing Address 104 White Heron Di	,	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: C845217
Daytona Beach	FL 32119-1324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NA	Occupation Medical Student	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Ryan Bartz, DO	•	Date of Receipt
Mailing Address 205 Horner Dr 294 Summar Dr		01 15 2010
City	State Zip Code TN 38375-1848	Transaction ID: C845171
Selmer FEC ID number of contributing federal political committee.	TN 38375-1848	Amount of Each Receipt this Period  365.00
Name of Employer University of Tennessee - Prime Care Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	)	1345.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/36   (check only one)     X   11a		
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee			
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD			Date of Receipt		
Mailing Address 1500 S Main St	•				
City Fort Worth	State TX	Zip Code 76104-4917	Transaction ID: C843245  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	70104 4017	208.00		
Name of Employer Self Employed	Occupatio Physicia				
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 208.00			
Full Name (Last, First, Middle Initial) Linda C Bisson, MD			Date of Receipt		
Mailing Address 3338 Ward Hill Rd			0 1 1 5 2 0 1 0		
City	State VT	Zip Code	Transaction ID: C845123		
East Hardwick  FEC ID number of contributing federal political committee.	C	05836-2704	Amount of Each Receipt this Period  240.00		
Name of Employer Self Employed	Occupatio Physicial				
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 240.00			
Full Name (Last, First, Middle Initial) Chuck John Breen, MD			Date of Receipt		
Mailing Address PO BOX 606 500 ne 6th street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Hillsboro	State ND	Zip Code 58045-0606	Transaction ID: C852323		
FEC ID number of contributing federal political committee.	C	30043-0000	Amount of Each Receipt this Period 400.00		
Name of Employer Sanford	Occupatio family ph				
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (optional	.0		848.00		

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 36 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	d Statements may not be sold or used by any perso the name and address of any political committee to icians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD Mailing Address 830 Arbor Ln  City Glenview  FEC ID number of contributing federal political committee.  Name of Employer Family Medicine Associates of Lutheran Receipt For:  Primary General	State Zip Code IL 60025-3234  C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 2 9 2 0 1 0  Transaction ID: C866285  Amount of Each Receipt this Period  1000.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Jennifer L Brull, MD  Mailing Address PO BOX 5	1000.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Plainville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code KS 67663-0005  C Occupation	Transaction ID: C848549  Amount of Each Receipt this Period  500.00
Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Jeffrey J Cain, MD  Mailing Address 13123 E 16Th Ave	# B065	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: C845114
Aurora  FEC ID number of contributing federal political committee.	CO 80045-7106	Amount of Each Receipt this Period  1000.00
Name of Employer The Children's Hospital	Occupation Physician	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/36   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD			Date of Receipt
Mailing Address PO Box 506			0 1 2 7 2 0 1 0
City Huntingdon	State TN	Zip Code 38344-0506	Transaction ID: C853658  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1200.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Judith Chamberlain, MD			Date of Receipt
Mailing Address 10 Sea Grass Farm	n Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Brunswick ME 04011-7841			Transaction ID: C845117
FEC ID number of contributing federal political committee.	C	04011-7641	Amount of Each Receipt this Period 500.00
Name of Employer Aetna	Occupation Medical [	n Director, Medicaid Business	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Christopher Bice Clemow, MD			Date of Receipt
Mailing Address 619 Hunters Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anderson	State SC	Zip Code 29625-2038	Transaction ID: C842944
FEC ID number of contributing federal political committee.	C	29023-2000	Amount of Each Receipt this Period  240.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional			1940.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 36 (check only one)    X
, c	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mand and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ians Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Lisa Leigh Corum, MD			Date of Receipt
	Mailing Address 2610 Drayton Dr  City	State	Zip Code	0 1 2 7 2 0 1 0  Transaction ID: C852997
	Louisville	KY	40205-2332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Baptist Medical Center	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) Jason B Dees, MD	1		Date of Receipt
	Mailing Address 620 W Longview Dr			01 25 7 2010
	City	State	Zip Code	Transaction ID: C852583
	New Albany  FEC ID number of contributing federal political committee.	MS C	38652-2415	Amount of Each Receipt this Period 750.00
	Name of Employer New Albany Medical Group	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
С. С.	Full Name (Last, First, Middle Initial) Daniel J Derksen, MD			Date of Receipt
	Mailing Address 306 Big Horn Ridge F	Pl Ne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Albuguergue	State NM	Zip Code 87122-1446	Transaction ID: C848123  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of New Mexico	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1480.00
F	TOTAL This Period (last page this line numbe			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ans Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Gerald Eugene Eliaser, MD Mailing Address 3324 Chanate Rd			Date of Receipt
	City	State	Zip Code	0 1 0 5 2 0 1 0 Transaction ID: C839756
	Santa Rosa	CA	95404-1708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sutter Medical Group Redw- oods	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Cathy Sumiko Endo, MD Mailing Address Ms 196	1		Date of Receipt
				01 28 2010
	City	State	Zip Code	Transaction ID: C864244
	Reno FEC ID number of contributing federal political committee.	NV C	89557-0001	Amount of Each Receipt this Period  365.00
	Name of Employer University of Nevada, Reno	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) James Joseph England, MD			Date of Receipt
	Mailing Address 16510 Diamond PI FOB Brassfield-Mora			01 05 7 4 4 4
	City	State FL	Zip Code	Transaction ID: C840196
	Weston  FEC ID number of contributing federal political committee.	C	33331-3104	Amount of Each Receipt this Period  240.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 240.00	
	UBTOTAL of Receipts This Page (optional) .	1		855.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 36 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	nd Statements may not be sold or used by any person g the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard David Feldman, MD  Mailing Address 1500 Albany St Ste	e 807	Date of Receipt
City Beech Grove	State Zip Code IN 46107-1563	Transaction ID: C849809  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer St. Francis Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   365.00	
Full Name (Last, First, Middle Initial) Wanda D Filer, MD Mailing Address 510 Aqua Ct		Date of Receipt    M
City	State Zip Code	Transaction ID: C842917
York	PA 17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Strategic Health Institute	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Michael O Fleming, MD	,	Date of Receipt
Mailing Address 556 Dunmoreland	Dr	01 31 2010
City	State Zip Code	Transaction ID: C866617
Shreveport FEC ID number of contributing	LA 71106-6125	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Amedisys, Inc.	Occupation Chief Medical Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	965.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 36 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) Conrad L. Lloyd Flick, MD			Date of Receipt
Mailing Address 103 Greenway Overloo	ok		0 1 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: C849805
Cary	NC	27518-9053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Family Medical Associates	Occupation Physicia		
<u>of Raleigh</u> Receipt For:	<del>, ' '                                 </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	33 134.	1000.00	
Full Name (Last, First, Middle Initial) Patricia Fontaine, MD	1		Date of Receipt
Mailing Address 717 Delaware St Se R	m 454		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C848145
Minneapolis	MN	55414-2959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer University of Minnesota	Occupation Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Andrea M Gavin, MD			Date of Receipt
Mailing Address 2600 Kiley Way			01 28 2010
City	State	Zip Code	Transaction ID: C864178
Plymouth	WI	53073-5020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Aurora Health Care	Occupation Physicia		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per he name and address of any political committee	
American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt
Mailing Address 1600 Providence Dr  City	State Zip Code	0 1 1 2 2 0 1 0 Transaction ID: C842953
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	417.00
Name of Employer Family Practice Center	Occupation Physician	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 417.00	
Full Name (Last, First, Middle Initial) Gina Greco-Tartaglia, MD Mailing Address 1335 Sunny Ridge F	2d	Date of Receipt
Mailing Address 1555 Sunity Hidge F	au	01 27 2010
City	State Zip Code	Transaction ID: C852990
Mohegan Lake	NY 10547-1432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Nichole Strong Halverson, MD		Date of Receipt
Mailing Address 2185 Settlers Ln		01 06 7 9 9 10
City	State Zip Code	Transaction ID: C841768
Twin Falls	ID 83301-7888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Family Medicine Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		917.00

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (in Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial) Lori J Heim, MD  Mailing Address 250 Hollybrook Farm Ln  City State Zip Code NC 28394-9952  FEC ID number of contributing federal political committee  Name of Employer Scotland memorial Hospital  Receipt For: Primary General Other (specify) ▼  Sioux Falls  SD 57117-5039  Amount of Each Receipt this Pe  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: C842477  Amount of Each Receipt this Pe  Transaction ID: C84007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  FEC ID number of contributing federal political committee.  City State Zip Code Name of Employer Sioux Valley Health Syste-Physician Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tomahawk Creek Pkwy City State Zip Code KS 66211-2680  FEC ID number of cantributing federal political committee.  Aggregate Year-to-Date ▼  Transaction ID: C843016  Amount of Each Receipt this Pe  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tomahawk Creek Pkwy City State Zip Code Transaction ID: C839161  Amount of Each Receipt this Pe	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Sta	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/36 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Date of Receipt  City  State  Vass  NC  28394-8952  Transaction ID: C842477  Amount of Each Receipt this Pe  FEG ID number of contributing federal political committee.  Name of Employer Scotland memorial Hospital  Dariel J Heinemann, MD  Mailing Address  PO BOX 5039  City  Slate  SD  S7117-5039  FEC ID number of contributing federal political committee.  C  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: C842477  Amount of Each Receipt this Pe  SD  Transaction ID: C842477  Amount of Each Receipt this Pe  SD  Transaction ID: C842477  Amount of Each Receipt this Pe  SD  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  SD  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Amount of Each Receipt this Pe  Transaction ID: C843007  Transaction ID	or for commercial purposes, other than using the r  NAME OF COMMITTEE (In Full)	name and address of any political committee t	o solicit contributions from such committee.
City State Zip Code Transaction ID: C842477  Amount of Each Receipt this Pe  FEC ID number of contributing federal political committee.    Name of Employer Scotland memorial Hospital	,		Date of Receipt
City Vass NC 28394-8952  FEC ID number of contributing federal political committee.  Name of Employer Scotland memorial Hospital Primary General Other (specify) ▼  Cupation physician Physician Physician Primary General Other (specify) ▼  Cupation Date of Receipt Transaction ID: C843007  Amount of Each Receipt this Perimary General Physician Parimary General Physician Physician Physician Physician Physician Physician Physician Physician Parimary General Physician Physician Physician Physician Parimary General Physician Physician Physician Parimary General Physician Parimary General Primary General Physician Physician Physician Parimary General Primary Genera	Mailing Address 250 Hollybrook Farm Lr	n	
FEC ID number of contributing federal political committee.  Name of Employer Scotland memorial Hospital    Receipt For:	City		
Name of Employer Scotland memorial Hospital   Docupation physician	Vass	NC 28394-8952	Amount of Each Receipt this Period
Receipt For:		C	416.67
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD  Mailing Address PO BOX 5039  City State Zip Code Sioux Falls SD 57117-5039  FEC ID number of contributing federal political committee.  Name of Employer Sioux Valley Health Syste-miss Receipt For: Primary General Other (specify) ▼  City State Zip Code Sioux Valley Health Syste-miss Receipt For: Primary General Other (specify) ▼  State Zip Code Transaction ID: C843007  Amount of Each Receipt this Period State Stat	Name of Employer Scotland memorial Hospital	,	
Date of Receipt  Mailing Address PO BOX 5039  City State Zip Code Sioux Falls SD 57117-5039  FEC ID number of contributing federal political committee.  Name of Employer Sioux Valley Health Systems Receipt For: Primary General Other (specify) ▼	Primary General		
City State Zip Code Sioux Falls SD 57117-5039  FEC ID number of contributing federal political committee.  Name of Employer Sioux Valley Health Systems Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tornahawk Creek Pkwy  City State Zip Code  Receipt For: State Zip Code  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tornahawk Creek Pkwy  City State Zip Code Leawood KS 66211-2680  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For: Aggregate Year-to-Date ▼  Name of Employer American Academy of Family Physicians Receipt For: Aggregate Year-to-Date ▼  Primary General  Aggregate Year-to-Date ▼			Date of Receipt
City State Zip Code SD 57117-5039  FEC ID number of contributing federal political committee.    Name of Employer Sioux Valley Health Systems Receipt For:			M M / D D / Y Y Y Y
Sioux Falls  SD 57117-5039  Amount of Each Receipt this Perfect ID number of contributing federal political committee.  Name of Employer Sioux Valley Health Systems Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tomahawk Creek Pkwy  City State Zip Code Leawood KS 66211-2680  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General  Occupation Family Physician Receipt For:  Aggregate Year-to-Date ▼  Carponal Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	City	State Zip Code	
Name of Employer Sioux Valley Health Systems Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tomahawk Creek Pkwy  City State Zip Code Leawood KS 66211-2680  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General Occupation  Aggregate Year-to-Date ▼  Transaction ID: C839161  Amount of Each Receipt this Permit Physicians  Receipt For:  Aggregate Year-to-Date ▼  2750.00	Sioux Falls	SD 57117-5039	Amount of Each Receipt this Period
Sioux Valley Health Systems Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tomahawk Creek Pkwy  City State Zip Code Leawood KS 66211-2680  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General  Occupation Family Physician Receipt For:  Aggregate Year-to-Date ▼  Occupation Family Physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		C	500.00
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Douglas E Henley, MD  Mailing Address 11400 Tomahawk Creek Pkwy  City State Zip Code Leawood KS 66211-2680  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: C839161  Amount of Each Receipt this Permander of Cocupation Family Physicians  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	Sloux Valley Health Syste-	,	
Douglas E Henley, MD  Mailing Address 11400 Tomahawk Creek Pkwy  City State Zip Code  Leawood KS 66211-2680  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General  Date of Receipt  M M M O 1 0 4 2 0  Transaction ID: C839161  Amount of Each Receipt this Period Cocupation  Family Physician  Aggregate Year-to-Date ▼	Receipt For: Primary General		
City State Zip Code  Leawood KS 66211-2680  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General  State Zip Code  Transaction ID: C839161  Amount of Each Receipt this Period Cocupation  Family Physician  Aggregate Year-to-Date ▼			Date of Receipt
Leawood  KS 66211-2680  Amount of Each Receipt this Perfect of Contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General  Amount of Each Receipt this Perfect of Cocupation Family Physician Aggregate Year-to-Date ▼	Mailing Address 11400 Tomahawk Creel	k Pkwy	
FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General  C  Occupation Family Physician  Aggregate Year-to-Date	•	·	Transaction ID: C839161
federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary  General  Occupation Family Physician  Aggregate Year-to-Date  2750.00	Leawood	KS 66211-2680	Amount of Each Receipt this Period
American Academy of Family Physicians Receipt For:  Primary  General  Family Physician  Aggregate Year-to-Date ▼		C	2750.00
Receipt For:  Aggregate Year-to-Date   Primary  General  2750,00	American Academy of Family	1	
2750.00	Receipt For:	Aggregate Year-to-Date ▼	
		2750.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (ontional)		3666.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary Marcella Huff, MD  Mailing Address 402 May St  City Sweetwater  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code TN 37874-2712  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carla Lee Kakutani, MD  Mailing Address 438 Abbey St  City Winters  FEC ID number of contributing federal political committee.  Name of Employer Sutter West Medical Group  Receipt For: Primary General Other (specify)	State Zip Code CA 95694-1837  C  Occupation Physician  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 1 9 2 0 1 0  Transaction ID: C848119  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Vincent D Keenan, CAE  Mailing Address Exec Vice President 4756 Main St  City Lisle  FEC ID number of contributing federal political committee.  Name of Employer Illinois Academy of Family Physicians Receipt For: Primary General Other (specify)	State Zip Code IL 60532-1724  C  Occupation Association Exec.  Aggregate Year-to-Date   450.00	Date of Receipt  M M M / D D / Y Y Y Y Y D D D / Y 2 D 1 D  Transaction ID: C841792  Amount of Each Receipt this Period  450.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		1815.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 36 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any person dress of any political committee to	
American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) Rick Kellerman, MD			Date of Receipt
Mailing Address 1010 N Kansas St			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C839516
<u>Wichita</u>	KS	67214-3124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Kansas University School of Medicine	Occupatio Physicia		
Receipt For:	<del>, '                                   </del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	]
Full Name (Last, First, Middle Initial) Susan Karen Kinast-Porter, MD	ı		Date of Receipt
Mailing Address 2302 11Th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C848118
Monroe	WI	53566-1811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Monroe Clinic TMC	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) James Darrel King, MD			Date of Receipt
Mailing Address 1 Prime Care Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C839137
Selmer	TN	38375-1864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Primecare Medical Center	Occupatio Physicia		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/36   (check only one)     X   11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial)  Marvin D Klingler, MD			Date of Receipt
Mailing Address 1542 Meadowlane	Dr		0 1 0 7 2 0 1 0
City	State	Zip Code	Transaction ID: C841789
Baldwin  FEC ID number of contributing federal political committee.	C	54002-5553	Amount of Each Receipt this Period 250.00
Name of Employer Klingler Enterprises Ltd.	Occupation Physician		7
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Steven D Knight, MD			Date of Receipt
Mailing Address 117 E Clark St			0 1 1 2 2 0 1 0
City	State	Zip Code	Transaction ID: C842922
Harrisburg FEC ID number of contributing	<u>IL</u>	62946-2702	Amount of Each Receipt this Period
federal political committee.	C		365.00
Name of Employer Primary Care Group	Occupation Physician		
Receipt For:	<u> </u>	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Thomas F Koinis, MD			Date of Receipt
Mailing Address 101 Professional P	ark Ste A		0 1 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: C849804
Oxford	NC	27565-2580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Oxford Family Physicians	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
			980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 36 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	Statements may not be sold or used by any persue name and address of any political committee to	
Full Name (Last, First, Middle Initial) Deborah Ann Kullerd, MD  Mailing Address 2405 N 2Nd St  City Spearfish  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary Other (specify)	State Zip Code SD 57783-1101  C  Occupation Physician Aggregate Year-to-Date   365.00	Date of Receipt  M M M O 7 D D 2 O 1 0  Transaction ID: C841783  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial) Bruce M LeClair, MD  Mailing Address 5088 Windmill Lake I  City  Evans  FEC ID number of contributing federal political committee.  Name of Employer Medicl College of Georgia  Receipt For:  Primary General  Other (specify)	Or  State Zip Code GA 30809-6612  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Merral B Lewis, MD  Mailing Address 4000 Woodcastle Dr  City Evansville  FEC ID number of contributing federal political committee.  Name of Employer Deaconess Hospital  Receipt For: Primary General Other (specify)	State Zip Code IN 47711-2778  C  Occupation Physician Aggregate Year-to-Date  250.00	Date of Receipt  M M M O D D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		1115.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 36 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements mathe name and add	, ,	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Physic	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Timothy F Linder, MD			Date of Receipt
Mailing Address 1 Prime Care Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C839159
Selmer	TN	38375-1864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Primecare Medical Center	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify)	99. 3944	500.00	
Full Name (Last, First, Middle Initial) Geoffrey L Loman, MD	1		Date of Receipt
Mailing Address 168 N Brent St Ste 5	502		0 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C839757
<u>Ventura</u>	CA	93003-2840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Brent Street Family Pract- ice	Occupatio Physicia		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Chris P Lupold, MD			Date of Receipt
Mailing Address 96 Silver Birch Dr			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C849810
Lancaster	PA	17602-7014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Family Medicine of Charlo- ttsville	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date	
Primary General Other (specify) ▼	0 0	500.00	
			1250.00

or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address of any political committee to	IN THE NUMBER OF SOMETING CONTRIBUTIONS
American Academy of Family Physic		on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Colleen C Lyons, MD		Date of Receipt
Mailing Address 2874 N Carson St S	te 127	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C848212
Carson City	NV 89706-1681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer Self-Employed	Occupation Family Medicine Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Michael R Manes, MD	_ <b>I</b>	Date of Receipt
Mailing Address 189 Deer Trce		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C853000
Oneonta	AL 35121-2958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Kevin B Martin, MD	I	Date of Receipt
Mailing Address 2903 219th Ave E		0 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: C845135
Bonney Lake	WA 98391-5634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Auburn Family Medical Cen- ter	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1440.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements maname and add	l y not be sold or used by any perso dress of any political committee to	
American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) Kathleen J Miller, MD			Date of Receipt
Mailing Address 9 Oak Ridge Dr			01 27 2010
City	State	Zip Code	Transaction ID: C853001
<u>Decatur</u>	<u>IL</u>	62521-4661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Wexford Health	Occupation Physicial		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Terry Lee Mills, Jr			Date of Receipt
Mailing Address 720 Medical Center Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C842918
Newton	KS	67114-8778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Wichita Clinic, PA	Occupation Physicial		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael Lynn O'Dell, MD			Date of Receipt
Mailing Address 4570 Pine Cone Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C866278
<u>Belden</u>	MS	38826-6004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer North Mississippi Health Systems	Occupatio Physicia		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 36 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ne name and addres	s of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David T O'Gurek, MD Mailing Address 440 W Iron St  City Summit Hill	State PA	Zip Code 18250-1014	Date of Receipt  M M M / D D / Y Y Y Y Y  0 1 1 6 2 0 1 0  Transaction ID: C845216  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Lancaster General  Receipt For:  Primary  General  Other (specify)	Occupation Resident Ph Aggregate Ye	•	500.00
Full Name (Last, First, Middle Initial) Michael Austin Oller, II  Mailing Address 4813 E 27Th St N  City Wichita  FEC ID number of contributing federal political committee.  Name of Employer Wichita Council on Graduate Medical Ed Receipt For: Primary General Other (specify)	State KS C Occupation Resident Aggregate Ye	Zip Code 67220-2632 ar-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1
Full Name (Last, First, Middle Initial) Daniel J Ostergaard, MD Mailing Address 14547 S Hagan St  City Olathe  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For: Primary General Other (specify)	State KS C Occupation Vice Preside Aggregate Ye	Zip Code 66062-9001 ent Professional Activities ar-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 36 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physical Physical Physical Physical Physical Physical Physical Physical Ph	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Angelo N Patsalis, MD  Mailing Address 36237 6 Mile Rd			Date of Receipt
City Livonia	State MI	Zip Code 48152-2747	Transaction ID: C852995  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Henry Ford Health System	Occupatio	n	365.00
Receipt For:  Primary  General  Other (specify)	Physician Aggregate	n e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Francis L Pisney, MD Mailing Address 322 1/2 College Ave	}		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C848210
Iowa Falls	IA	50126-2106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ellsworth Municipal Hospital, Iowa Fal Receipt For: Primary General Other (specify) ▼	Occupation Family P Aggregate		]
Full Name (Last, First, Middle Initial) Marc D Price, DO			Date of Receipt
Mailing Address 2388 Route 9 Ste 20 Ste 200			0 1 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mechanicville	State NY	Zip Code 12118-3433	Transaction ID: C848124  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Physicial	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	· )		1115.00

A.

В.

C.

<b>SCHEDULE A (FEC Form 3X)</b>	Lica congrata cabadula(c)	FOR LINE NUMBER: PAGE 25 / 36
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Seeparate schedule(s)   for each category of the Detailed Summary Page   Check only one   11 to		
A suit formation and a formation Basedon and	Note that the state of the stat	
or for commercial purposes, other than using the	statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
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1 1	ans Political Action Committee	
		Date of Receipt
Mailing Address 2652 Gullmont Dr Sw		01 19 7 2010
City	State Zip Code	Transaction ID: C848126
Wyoming	MI 49418-9302	Amount of Each Receipt this Period
	C	365.00
Name of Employer Spectrum Health	■ · · · · · · · · · · · · · · · · · · ·	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify) ▼	1	
Full Name (Last, First, Middle Initial)		
		Date of Receipt
Mailing Address 14402 E Sprague Ave		
City	State Zip Code	Transaction ID: C842952
Spokane Valley	WA 99216-2167	Amount of Each Receipt this Period
	C	240.00
Name of Employer Self Employed	■ · · · · · · · · · · · · · · · · · · ·	1
Possint For	<del>                                     </del>	_
	Aggregate Year-to-Date ▼	
_ · · ·	240.00	
,		Date of Receipt
Mailing Address 411 E Hickory Ct		
-	•	Transaction ID: C842476
Mulvane	KS 67110-9261	Amount of Each Receipt this Period
	C	1000.00
Name of Employer USAF	Occupation Medical Student	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
<b></b>	<u> </u>	
SUBTOTAL of Receipts This Page (optional)	·····	1605.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 36 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	nd Statements may not be sold or used by any per g the name and address of any political committee sicians Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Benjamin Rushing Shellabarger, MD Mailing Address 2244 Lower Brown	sville Rd	Date of Receipt
City  Jackson  FEC ID number of contributing	State Zip Code TN 38301-9655	Transaction ID: C848130  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify)	Occupation Physician  Aggregate Year-to-Date   225.00	225.00
Full Name (Last, First, Middle Initial) Tatyana Skripnichenko, MD Mailing Address 411 Sprague Rd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Penn Valley FEC ID number of contributing federal political committee.	State         Zip Code           PA         19072-1125	Transaction ID: C853695  Amount of Each Receipt this Period  240.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   240.00	
Full Name (Last, First, Middle Initial) Robert J Skully, MD Mailing Address Grant Medical Cen	ter Outpatient	Date of Receipt
393 E Town St City Columbus	State         Zip Code           OH         43215-4741	Transaction ID: C839745  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	500.00
Name of Employer Grant Medical Center  Receipt For:  Primary General Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (option	al)	965.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perment name and address of any political committee	
NAME OF COMMITTEE (In Full)  American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Robert J Stenger, MD MPH		Date of Receipt
Mailing Address 3403 Se 59th Ave	7:01	01 07 2010
City Portland	State Zip Code OR 97206-2816	Transaction ID: C841824  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37200-2010	500.00
Name of Employer Oregon Health and Sciences University	Occupation Resident	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD		Date of Receipt
Mailing Address 14408 E Sprague Av	е	0 1 1 1 2 0 1 0
City	State Zip Code	Transaction ID: C842920
Spokane Valley	WA 99216-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rockwood Clinic	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Erica Williams Swegler, MD		Date of Receipt
Mailing Address 816 Keller Pkwy Ste	102	0 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: C848120
Keller  FEC ID number of contributing federal political committee.	TX 76248-2479	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 36 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Hugh M Taylor, MD		Date of Receipt
Mailing Address 15 Railroad Ave	7.0.1	01 19 2010
City	State Zip Code	Transaction ID: C848121
South Hamilton  FEC ID number of contributing federal political committee.	MA 01982-2218	Amount of Each Receipt this Period 2500.00
Name of Employer Family Medicine Associates LLC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial) Michael Garth Wade, MD		Date of Receipt
Mailing Address 3125 N 83Rd St		01 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C842949
Scottsdale	AZ 85251-5868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) E Mark Watts, MD		Date of Receipt
Mailing Address 415 S Pollard St		01 19 7 2010
City Vinton	State Zip Code VA 24179-2502	Transaction ID: C848128  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 24179-2302	365.00
Name of Employer Cavilier Faculty Medicine	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		3105.00

Milford N  FEC ID number of contributing federal political committee.  Name of Employer Memorial Health Care  Occ Phy	and address of any political committee to solution.  Ilitical Action Committee  ate Zip Code E 68405-1802	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Robert L Wergin, MD  Mailing Address 119 S C St  City St  Milford N  FEC ID number of contributing federal political committee.  Name of Employer Memorial Health Care  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Randell K Wexler, MD	E 68405-1802	Transaction ID: C853696  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Memorial Health Care  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Randell K Wexler, MD	upation	
Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)  Randell K Wexler, MD		335.30
Randell K Wexler, MD	vsician gregate Year-to-Date ▼ 365.00	
		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
New Albany O FEC ID number of contributing	ate Zip Code H 43054-8691	Transaction ID: C839187  Amount of Each Receipt this Period  750.00
Name of Employer Obio State University	oupation vsician	_
Receipt For:  Primary  General  Other (specify) ▼	gregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Patricia R Witte, MD Mailing Address 3814 Wilshire Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	ate Zip Code	Transaction ID: C845127
Farmington N  FEC ID number of contributing federal political committee.	M 87402-4735	Amount of Each Receipt this Period 250.00
Indian Hoalth Conico	upation vsician	_
	gregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1

A.

FOR LINE NUMBER: PAGE 30/36 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Steven C Zweig, MD Date of Receipt Mailing Address M224 Health Science Center 0 1 12 2010 Umc School Of Med City State Zip Code Transaction ID: C842930 Columbia MO 65212-0001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer University of MO Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	37901.67

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and or for commercial purposes, other than using to the NAME OF COMMITTEE (In Full) American Academy of Family Physic	I Statements may he name and add	dress of any political committee	FOR LINE NUMBER: PAGE 31 / 36 (check only one)  11a 11b 11c 12 13 14 X 15 16 17  son for the purpose of soliciting contributions to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cr	eek Pkwy		Date of Receipt  O 1
	City	State	Zip Code	Transaction ID: C845172
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55-11-20/2	232.54
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 578.12	
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians	<u> </u>		Date of Receipt
	Mailing Address 11400 Tomahawk Cr	reek Pkwy		01 27 2010
	City	State	Zip Code	Transaction ID: C852994
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		345.58
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 578.12	

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SUBTOTAL of Receipts This Page (optional)		070.12
TOTAL This Period (last page this line number only)	<b>•</b>	578.12

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN		R:			РА	GE	32 / 3	36	
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ě	_	22 28a	П	23 28b	ш	24 28c	Н	25 29	$\longrightarrow$	26 30b
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NAME OF COMMITTEE (In Full)														
American Academy of Family Physicians F	Political Ac	tion Committe	ee											
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Purpose of Disbursement												48.75		
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	ment For:	Cananal												
Senate   President	Primary Other (spe	General cify)												
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American Express						Date o	of Di	sburse		V	· V	, V	V	
Mailing Address PO Box 53852						0 1	IVI .		4	L	ž	0 i (	)	
•	State AZ	Zip Code 85072-3852				Amou	nt o	f Each	Disbu	ırse	men	t this I	Perioc	i
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Office Sought: House Disburse	ment For: Primary	General												
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	State AZ	Zip Code 85072-3852				Amou	nt o	f Each	Disb	ırse	men	t this f	Perioc	<u> </u>
Purpose of Disbursement	AL .	03072-3032	_									16.26	;	
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SUBTOTAL of Disbursements This Page (optional) .					<u> </u>						. (	37.77		

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EMIZED DISBURSEMENTS		category of the Summary Page	X 21b 27	22 23 24 25 28 28c 29
ny Information copied from such Reports and St for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)  American Academy of Family Physicia				
Full Name (Last, First, Middle Initial)				Transaction ID: D92041
American Express				Date of Disbursement
Mailing Address PO Box 53852				01 08 7 2010
City Phoenix	State AZ	Zip Code 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			•	16.25
Candidate Name			Category/ Type	
Office Sought: House Disk Senate President	oursement For: Primary Other (spe	General ecify) ▼	. , , , ,	
State: District:		· 		
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D92042 Date of Disbursement
Mailing Address PO Box 53852				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} & \begin{smallmatrix} D & D \\ & 1 & 1 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ & 2 & 0 & 1 & 0 \end{smallmatrix}$
City Phoenix	State AZ	Zip Code 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee				1.30
Candidate Name			Category/ Type	
Office Sought:  House Senate President State:  Disk	oursement For: Primary Other (spe	General ecify) ▼	,,	
Full Name (Last, First, Middle Initial) American Express				Transaction ID: D92043 Date of Disbursement
Mailing Address PO Box 53852				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \  \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
City Phoenix	State AZ	Zip Code 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee				46.04
Candidate Name			Category/ Type	
Senate	oursement For: Primary Other (spe	General ecify) ▼	21 -	
President	\op\	J/ ▼		
State: District:				

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34/36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
T LIMIZED DIODOTIOEMENTO	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	ne and address of any political	Committee to sor	icit contributions nom sacri committee
American Academy of Family Physicians	Political Action Committee	ee	
Full Name (Last, First, Middle Initial)			Transaction ID: D92044
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} Q & I & I \\ I & I & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} Q & I & Q \\ I & I & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} Q & Q & I & Q \\ I & I & Q \\ I & I & Q \end{smallmatrix} \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement	AZ 03072-3032		22.75
Bank card processing fee			
Candidate Name		Category/ Type	
Office Sought: House Disburs	sement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: D92037
Bank Of America Merchant Services			Date of Disbursement
Mailing Address WA2-505-01-40			01 04 2010
PO Box 2485	7'- 0-d-		
City Spokane	State Zip Code WA 99210-2485		Amount of Each Disbursement this Period
Purpose of Disbursement			173.19
Bank card processing fee Candidate Name		Category/	
- Cardidate Marie		Type	
9 🗎	sement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	o and (opening) V		
Full Name (Last, First, Middle Initial)			Transaction ID: D92045
Discover Network			Date of Disbursement
Mailing Address P O Box 52145			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Phoenix	AZ 85072-2145		18.28
Purpose of Disbursement Bank card processing fee			
Candidate Name		Category/ Type	
Office Sought: House Disburs	sement For:	. 160	
Senate	Primary General		
President State: District:	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)	1		214.22

TOTAL This Period (last page this line number only) .....

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	EMIZED DISE			Detailed S	category of the Summary Page	$\Box$	21b 27	22 28a		23 28b	24 28	3c	25 29	
	y Information copied for commercial purpo													
	NAME OF COMMIT American Acader	TEE (In Full)												
<u>/</u>	Full Name (Last, Fire Democratic Conc		aign Com	mittee							D92	:035		
	Mailing Address	430 S Capitol S Fl 2						0 <sup>M</sup> 1	M /		D /	Y	0 1 0	Y
	City Washington			State DC	Zip Code 20003-4024			Amou	unt of	Each	Disbui		t this P	-
	Purpose of Disburse Campaign contributi											150	00.00	
	Candidate Name Democratic Cong					ateg Type	-							
	Office Sought:  State:  D	House Senate President	Disburser	ment For: Primary Other (spe	General cify) ▼									
	Full Name (Last, First LEADERSHIP 21	st, Middle Initial)						Date	of Di	sburse	D92		,	V
	Mailing Address	6849 OLD DON SUITE 222	IINION DE	RIVE				0 <sup>M</sup> 1	M /	<sup>D</sup> 2	0 /	1 2	0 1 0	Y
	City MCLEAN			State VA	Zip Code 22101			Amou	unt of	Each	Disbui		t this P	
	Purpose of Disburse Campaign contributi							L.	•			25	00.00	
	Candidate Name Rep John Tanner	•				ateg Typ								
		X House Senate President istrict: 08	Disburser	ment For: Primary Other (spe	General cify) ▼									
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	Mailing Address	P.O. Box 49028	36					0 <sup>M</sup> 1	M /	້2	0 /	1 2	0 1 0	Y
	City Chicago			State IL	Zip Code 60649			Amou	unt of	Each	Disbu		t this P	-
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE (check only	
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Any Information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) American Academy of Family Physici				
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER				Transaction ID: D92032 Date of Disbursement
Mailing Address 236 Massachusetts	Ave NE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & O \end{smallmatrix} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
City Washington	State DC	Zip Code 20002-4980		Amount of Each Disbursement this Period
Purpose of Disbursement lost/voided check dated 11/16/2009			0 0	-2500.00
Candidate Name			Category/ Type	
Senate President	sbursement For:  X Primary  Other (spe	2010 General		
State: District:  Full Name (Last, First, Middle Initial)  MICHAEL BURGESS FOR CONGRE	ee			Transaction ID: D92034
Mailing Address PO Box 2334				Date of Disbursement  O 1 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Denton	State TX	Zip Code 76202		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution				2500.00
Candidate Name Rep. Michael C. Burgess			Category/ Type	
Office Sought:  X House Senate President State: TX District: 26	bursement For:  X Primary Other (spe	2010 General		
Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COI	MMITTEE			Transaction ID: D92200 Date of Disbursement
Mailing Address 236 Massachusetts Ste 508	Ave NE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & I & O \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City Washington	State DC	Zip Code 20002-4980		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution				5000.00
Candidate Name BLUE DOG POLITICAL ACTION COI			Category/ Type	
Office Sought: House Dis Senate President	sbursement For: Primary Other (spe	General ecify) ▼		
State: District:		<b>v</b>		
SUBTOTAL of Disbursements This Page (opti	onal)			5000.00
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